



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF EMPLOYMENT SECURITY

**CLAIMANT RECORDS RELEASE AUTHORIZATION**

To whom it may concern:

I, \_\_\_\_\_, SS# \_\_\_\_\_, understand that the unemployment benefit records of the Division of Employment Security are confidential pursuant to Section 288.250 RSMo and 20 CFR part 603, and may only be used by the party authorized below for the limited purpose for which the information was requested. I authorize the Division of Employment Security, an agency of the Missouri Department of Labor and Industrial Relations, to release the following listed information \_\_\_\_\_

\_\_\_\_\_ for the following time period \_\_\_\_\_.

I authorize the release of this information to be used solely for the purpose of \_\_\_\_\_.

These documents shall be released to \_\_\_\_\_ as my authorized representative. I understand that state government files will be accessed to provide this information.

A copy of this document, whether typewritten or made by machine, shall have the force and effect as the original.

\_\_\_\_\_  
*Claimant's Signature*

STATE OF MISSOURI )  
 ) ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public, appeared \_\_\_\_\_ who executed the foregoing records release authorization and acknowledged the same as his/her free act and deed.

\_\_\_\_\_  
*Notary Public*

My Commission Expires: \_\_\_\_\_

**(Both pages of this document must be signed and notarized.)**

Recipient understands that the information requested from the Division of Employment Security in the records release authorization remains confidential and may only be used by Recipient for the limited purpose for which it is provided. Any further dissemination, use, or release of the information obtained from the Division is strictly prohibited under the provisions of Section 288.250, RSMo and 20 CFR part 603, and substantial penalties will result if the confidentiality of the information is not maintained by Recipient. By signing this document, Recipient acknowledges and agrees that the information received will be safeguarded and will only be used by Recipient for the limited purpose stated on this form. Recipient agrees that the state of Missouri has the right to inspect and audit Recipient to assure that the information being provided remains confidential, and that the confidentiality provisions of Chapter 288, RSMo and 20 CFR part 603 are followed.

A copy of this document whether typewritten or made by machine shall have the force and effect as the original.

List all persons who will have access to the confidential data obtained under this form (*attach additional sheet if necessary*):

*Typed Name*

Title or relationship to party authorized to receive documents

STATE OF MISSOURI )  
 ) ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public, appeared \_\_\_\_\_ who executed the foregoing acknowledgment of confidentiality and acknowledged the same as his/her free act and deed.

*Notary Public*

My Commission Expires: \_\_\_\_\_

Return completed form to: Confidential Information Coordinator  
Missouri Department of Labor and Industrial Relations  
Division of Employment Security  
P.O. Box 3100  
Jefferson City, MO 65102-3100